

Anonymous PERK Submission Instructions

In accordance with Virginia Code § 19.2-11.6, The Division of Consolidated Laboratory Services (DCLS) shall accept and store a Physical Evidence Recovery Kit (PERK) in cases of sexual assault where the victim elects not to make a report to law enforcement. These are referred to as “Anonymous PERKs.” DCLS will accept and store any anonymous PERK (Virginia or non-Virginia) that was collected in response to an incident that occurred in a Virginia jurisdiction.

Preparing and Sealing the PERK Box

1. Evidence collected must be packaged within the PERK box only. Clothing and/or other evidence will not be accepted unless sealed in the PERK box.
2. No liquid biological specimens such as blood or urine will be accepted, as refrigerated storage is not available.
3. The PERK box shall be sealed as follows:
 - Seal all four sides with evidence tape or a tape of sufficient strength to maintain a seal.
 - Initial all four seals such that part of the initials are on the surface of the tape and part on the surface of the PERK box.
 - Ensure the integrity of the seals are able to withstand the rigors of shipping.



Completing the Front of the PERK Box

4. Fill out the information on the front (lid) of the PERK box (the design and format of the kit may differ by state).
 - Fill in the PERK ID NUMBER in lieu of the PATIENT'S NAME.
 - **VIRGINIA PERKS:** Fill in the PERK ID or affix one of the PERK ID labels that are provided on a sheet of peel off, self-adhesive labels inside the PERK box.
 - **NON-VIRGINIA KITS:** See **Step 5** for specific instructions on how to assign an appropriate PERK ID NUMBER.
 - Fill out all fields on the lid of the PERK box (below are Virginia fields, but fields may differ by state).
 - Fill in the JURISDICTION, FACILITY, PHONE NUMBER, CLINICIAN, and KIT SEALED BY.
 - If there is an area to do so (e.g., a check box), designate that the kit has no liquid or wet contents.

- Under CHAIN OF CUSTODY, fill in your name, agency, date, time, and where the box will be placed for shipment. Include the USPS (carrier) tracking number for the package in the area designated for RECEIVING AGENCY.

Completing the Anonymous Storage Notification Form

- The health care provider must ensure that the victim receives a written copy of the **Anonymous Physical Evidence Recovery Kit (PERK) Storage Notification Form**. This form is designed to comply with the requirement in Virginia Code § 19.2-11.6 that health care providers inform the victim of information regarding anonymous PERKs. It must be provided to **all** victims whose assault occurred in a Virginia jurisdiction and who chose to not report the offense to law enforcement.

When completing the “PERK ID Number” section of the Anonymous Physical Evidence Recovery Kit (PERK) Storage Notification Form, please be aware of the following adjustments that need to be made, depending on whether the kit is a Virginia PERK or a non-Virginia kit.

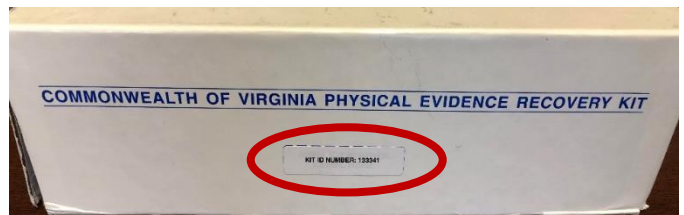
VIRGINIA PERKS: Write the PERK ID or affix a PERK ID label in the “PERK ID Number” field at the top of the form.

- Barcoded PERKS:** The unique PERK ID number can be found on a pre-affixed label on the front (lid) of the box. It can also be found within the PERK box on a sheet of peel off, self-adhesive labels. The victim must be advised that this unique number must be provided to law enforcement should the victim choose to make a report.

Patient Name:	Sally
Health Care Facility Name:	St. Mary's
Health Care Facility's Number:	804-281-8574
Date of Exam:	1/2/2021
PERK ID Number:	PERK217-12345

- **“Legacy” PERKs:** “Legacy” PERKs are Virginia PERKs that do not have a pre-affixed barcoded PERK ID label on the front (lid) of the box. Instead, a PERK ID label must be removed from a sheet of peel off, self-adhesive labels found inside the kit. A single label must be placed by the healthcare provider on the side of the outside of the PERK box in the designated space. The victim must be advised that this unique number must be provided to law enforcement should the victim choose to make a report.

Patient Name:	Sally
Health Care Facility Name:	St. Mary's
Health Care Facility's Number:	804-281-8574
Date of Exam:	1/2/2021
PERK ID Number:	123456



NON-VIRGINIA KITS: Write the kit number (if applicable) in the “PERK ID Number” field at the top of the form.

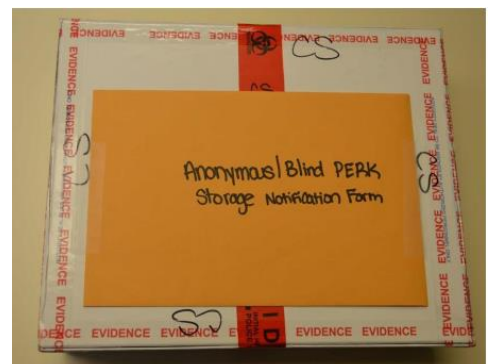
- If the kit from the given jurisdiction **has** a unique identification number on the kit, write “NVA” (for Non-Virginia) followed by the unique identification number in the “PERK ID Number” field at the top of the form. For example, a kit with the identification number S000001 should be written as **NVAS000001**.

Patient Name:	Sally
Health Care Facility Name:	Wake Forest Baptist
Health Care Facility's Number:	336-716-2011
Date of Exam:	1/2/2021
PERK ID Number:	NVAS000001

- If the kit from the given jurisdiction **does not have** a unique identification number on the kit, contact the DCLS Evidence Custodian to obtain a unique identification number.

Patient Name:	Sally
Health Care Facility Name:	Frederick Health
Health Care Facility's Number:	240-566-3300
Date of Exam:	1/2/2021
PERK ID Number:	

6. The health care provider must place the fully executed Anonymous Physical Evidence Recovery Kit (PERK) Storage Notification Form in a sealed envelope and attach the sealed envelope to the outside/back of the PERK box.



Shipping the PERK to DCLS

7. Prepaid shipping labels are provided by the Virginia Victims Fund. To request a prepaid label to ship the PERK by Priority Mail 2-day with Signature Confirmation, email safe@virginiavictimsfund.org and include the following information:

- Return mailing address
- PERK ID Number (or unique identification number of a non-Virginia kit)
- Weight of the complete package (PERK and outer shipping box), if available
- Email address to receive tracking information
- Date the package will be shipped

Requests for labels will be processed the same day if received Monday through Friday before 10 a.m. Requests received after 10 a.m. will be processed on the following business day. Exceptions include office closings for weekends, holidays, inclement weather, or other unforeseeable circumstances. Any requests made during an office closing will be processed on the next business day the office is open.

The prepaid shipping label can be printed on Avery® Shipping Labels (5126 or 8126) or on plain paper and attached to the package with tape. For questions or assistance, please contact the Virginia Victims Fund at 800-552-4007.

8. Place the PERK box into a sturdy shipping box, seal the shipper, and affix the shipping label to the outside of the shipper. The shipping box should be approximately 12" x 10" x 4".



9. Send the package to DCLS at the following address:

**Division of Consolidated Laboratory Services
Attn: DCLS Evidence Custodian
600 North 5th Street
Richmond, Virginia 23219**

Additional Information

For additional health care provider information and instructions, please refer to the Comprehensive PERK Legislation Summary for Health Care Providers.

DCLS will store PERKs only for anonymous sexual assault cases. The PERK will remain in storage for a minimum period of two (2) years from receipt. The victim may request DCLS to hold the PERK in storage for an additional ten (10) years by contacting the DCLS Evidence Custodian at (804) 648-4480 ext. 102 or ext. 348 and submitting a written objection to the destruction of the PERK prior to the end of the initial two (2) year storage period. In the event the victim decides to report the assault, the investigating law enforcement agency will request the evidence by contacting the DCLS Evidence Custodian at (804) 648-4480 ext. 102 or ext. 348.

Unless contacted by law enforcement or the victim, DCLS may destroy the PERK after the initial two (2) year storage period or any additional ten (10) year storage period.

For questions regarding the submission, retention, or destruction of anonymous PERKs, please contact the DCLS Evidence Custodian at (804) 648-4480 ext. 102 or ext. 348.